

06/28/01

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Title

Express Mail Label No.

Mark Dawson

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
 (Submit on original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
 See 37 CFR 1.27.
3. ☒ Specification [Total Pages 50] 1
 (preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 1
5. ☒ Oath or Declaration [Total Pages 2] 1
 a. ☐ Newly executed (original or copy)
 b. ☐ Copy from a prior application (37 CFR 1.63 (d))
 (for continuation/divisional with Box 18 completed)
 i. ☐ **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 a. ☐ Computer Readable Form (CRF)
 b. Specification Sequence Listing on:
 i. ☐ CD-ROM or CD-R (2 copies); or
 ii. ☐ paper
 c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
 10. ☐ 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee)
 11. ☐ English Translation Document (if applicable)
 12. ☐ Information Disclosure Statement (IDS)/PTO-1449
 13. ☐ Preliminary Amendment
 14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
 15. ☒ Certified Copy of Priority Document(s) (if foreign priority is claimed)
 16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
 17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. _____

Prior application information

Examiner: _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or

☒ Correspondence address below

Name

Address

City

Country

State

Zip Code

Telephone

Fax

Name (Print/Type)

Registration No. (Attorney/Agent)

Signature

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number
Filing Date
First Named Inventor **MARK DAWSON**
Examiner Name
Group Art Unit
Attorney Docket No.

TOTAL AMOUNT OF PAYMENT (\$)

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
Deposit Account Number
Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☒ Applicant claims small entity status See 37 CFR 1.27

2. ☐ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
101	710	201	355
106	320	205	160
107	490	207	245
108	710	208	355
114	150	214	75

SUBTOTAL (1) (\$) **355**

2. EXTRA CLAIM FEES

Total Claims **25** -20** = **5** X **45** = **225**
Independent Claims **4** -3** = **1** X **40** = **40**
Multiple Dependent Claims **1** X **0** = **0**

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description
103	18	203
102	80	202
104	270	204
109	80	209
110	18	210

SUBTOTAL (2) (\$) **440**

*for number previously paid. If greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,380	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900

Other fee (specify) _____ SUBTOTAL (3) (\$) **440**

SUBMITTED BY

Complete if applicable

Name (Print/Type) **MARK DAWSON** Registration No. **SELF** Telephone **67 871 8403**
Signature **Mark Dawson** Date **6-22-01**

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